

JUL 20 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Uemura et al.

OFFICIAL

Serial No.: 09/935,699

Group Art Unit: 1733

Filed: August 24, 2001

Examiner:

Kornakov, Michail

For: METHOD FOR MANUFACTURING A GROUP III NITRIDE COMPOUND  
SEMICONDUCTOR DEVICEHonorable Commissioner of Patents  
Alexandria, VA 22313-1450**EXCESS CLAIM FEE PAYMENT LETTER**

Sir:

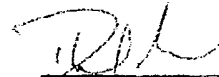
Transmitted herewith is an Amendment in the above-identified application. The fee for excess claims added by the amendment has been calculated and is transmitted as shown below.

	<u>After Amendment</u>	<u>Prev. Paid for</u>	<u>Extra Claims Present</u>	<u>Rate</u>	<u>Fee Due</u>
Total claims	28	21	7	18.00	\$126.00
Indep. claims	5	3	2	86.00	\$172.00
Total Additional Fee for this Amendment					\$298.00

The Commissioner is hereby authorized to charge the amount of \$298.00 to Attorney's Deposit Account No. 50-0481.

The Commissioner is hereby authorized to charge any deficiency in fees or to credit any overpayment in fees to Attorney's Deposit Account No. 50-0481.

Respectfully Submitted,



Phillip E. Miller  
Reg. No. 46,060

08/03/2004 BLAURENC 00000001 500401 09935699

01 FC:1201  
02 FC:1202  
03 FC:1201

Date: 7/19/04  
110.00 DA  
126.00 DA  
172.00 DA

McGinn & Gibb, PLLC  
8321 Old Courthouse Road, Suite 200  
Vienna, VA 22182-3817  
(703) 761-4100  
Customer No. 21254



**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09935699

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

10.30.03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	=
Independent	•	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	710

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

32.04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	=
Independent	•	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

7.20.04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 28	Minus	24 = 4
Independent	• 5	Minus	3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	126
X80=	142
+270=	
TOTAL ADDIT. FEE	298

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS CASE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS CASE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.